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| **Eastern Visayas Health Research and Development Consortium-<br>Ethics Review Committee (EVHRDC-ERC)<br>STANDARD OPERATING PROCEDURE<br><br>CHAPTER 3: POST APPROVAL PROCEDURES** | | |
| **MANAGEMENT OF PROTOCOL DEVIATION AND VIOLATIONS REPORT** | SOP No. | 15 |
| | Version No. | 05 |
| | Version Date | 07-10-2023 |
| | Effective Date | 07-17-2023 |

## 1. STATEMENT OF POLICY

Researchers shall report protocol deviations and violations in the conduct of approved research within a week of the event. Protocol deviations are protocol non-compliance without significant consequences. Protocol violation reduces the completeness or quality of the data, or impacts the subject's safety, rights or welfare. Deviations and violations are classified on scientific and ethical levels so that the ERC can adopt appropriate action (i.e. no action, site visit, training, withdrawal of patients, etc.).

Major protocol deviations and violations shall undergo a full board review; while minor protocol deviations and violations shall undergo expedited review by the original Primary Reviewers.

## 2. OBJECTIVE/S OF THE ACTIVITY

The purpose of this SOP is to describe the ERC review procedures for protocol violation/deviation. Review of protocol deviations and violations aims to ensure that the safety and welfare of human participants in the study are safeguarded and that the credibility and integrity of data are maintained.

## 3. SCOPE / APPLICABILITY

This SOP applies to the review of reports of protocol deviations or violations in the conduct of previously approved studies. This begins with the receipt and documentation of the report of protocol violations and deviations in the logbook and ends with the filing of all related documents and update of the database.

This SOP provides instructions for taking action and maintaining records of various types of protocol deviation or violations which include any of the following:

- Failure of the investigators to comply with the procedures in the approved protocol.
- Failure of investigators to comply with national/ international guidelines for the conduct of human research, including those who fail to respond to the ERC requests.

- It also covers action taken by the ERC related to protocol violation/deviation reports submitted by the PI related to any event at the site that is not in compliance with the previously approved protocol documents.

## 4. ROLES AND RESPONSIBILITIES

**ERC Staff Secretary** - receive protocol violation/ deviation reports submitted to the ERC.

**ERC Chair or Member-Secretary or Primary Reviewer** - to take action related to protocol violation/ deviation.

## 5. WORKFLOW

| ACTIVITY | RESPONSIBILITY | TIMELINE |
|---|---|---|
| Step 1: The Principal Investigator submits the report on protocol deviation or violation | Principal Investigator | 15th day of the month |
| Step 2: The ERC Staff Secretary retrieves the approved protocol | ERC Staff Secretary | 3 days |
| Step 3: Determine the type of review | ERC Chair | |
| Step 4: Include protocol deviation and violation report in the next agenda | ERC Chair, ERC Staff Secretary | |
| Step 5: Prepare the draft decision | ERC Staff Secretary | 7 days |
| Step 6: Filing of protocol-related documents and updating of the Protocol Database | ERC Staff Secretary | 7 days |

## 6. DESCRIPTION OF PROCEDURES

### 6.1 The Principal Investigator submits the report on protocol deviation or violation

The Principal Investigator (PI) should document, explain, and report to the ERC any non-compliance from the approved protocol, whether minor or major, at the soonest possible time but not later than one (1) month from deviation. The PI submits **Form 15.1 Study Protocol Noncompliance (Deviation or Violation)** may it be through email or hard copy through the ERC Staff Secretary together with the document deemed relevant by the investigator to clarify information in relation to the research protocol.

**6.2 The ERC Staff Secretary retrieves the approved protocol**

The ERC Staff Secretary checks the completeness of the documents. The staff secretary checks the identity of the primary reviewers for reference and guidance of the Chair in the selection/ designation of reviewers. He/she notifies and sends the protocol deviation or violation report together with the retrieved pertinent documents to the Chair and the primary reviewers.

**6.3 Determine the type of review**

Major protocol violations undergo full review and minor violations undergoes expedited review. The protocol deviations/violations will be classified as Major or Minor with the following criteria:

- Minor Deviation/Violation – (SJREB SOP 2.7.6.3) are nonsystematic protocol noncompliance with minor consequence to the participant's rights, safety or welfare or integrity of study data; includes deviations that are administrative in nature
- Major Deviation/Violation - (SJREB SOP 2.7.6.4) are persistent protocol noncompliance with potentially serious consequences that could critically affect the data analysis or put the participant's safety at risk
- Minor deviations would require an expedited review by the previous Primary Reviewers.
- Major violations require a full board review. ***(See SOP No. 06 Full Review and SOP No. 07 Expedited Review)***

The PI may implement a deviation from the protocol to eliminate an immediate hazard(s) to study subjects without prior ERC approval, but must submit as soon as possible but not later than one (1) month from event, a report of deviation or change, the reasons for it, and, if appropriate, an appropriate study protocol amendment/s.

**6.4 Include protocol deviation and violation report in the next agenda**

The ERC Chair includes the report on protocol deviation and violation in the Agenda of the next meeting if it is for Full review or the decision report if Expedited review. Expedited reviews are done by the primary reviewers, discussed and presented during the Expedited PR Review Meeting and make a report to the Full Board Review Meeting.

Full board review of study protocol deviation and violation report entails that the primary reviewers present the documents to the ERC members when study protocol deviation and violation reports are deliberated on. The members deliberate on both the type and degree of non-compliance and take the appropriate action.

The ERC can recommend any of the following:

- No further action; uphold ethical clearance
- Submit additional information if major clarifications are required before a decision can be made (specify what information is needed)
- Recommend further action (specify the required action e.g. to institute protocol amendment to correct future deviations/violations)
- Submit CAPA (Corrective and Preventive Action)
- Withdraw ethical clearance under the following conditions fraud and/or unresolved safety issues
- Suspend participant recruitment until non-compliance issues are addressed

**6.5 Prepare the draft decision**

The ERC Staff Secretary prepares the draft decision based on the report of the expedited review or the minutes of the meeting in the full review. He/she collates and files the retrieved protocol documents, the report on protocol deviation and violation and the decision letter in the appropriate protocol file and updates the protocol database with the relevant information.

***(See SOP No. 27 Communicating the ERC Decision and SOP No. 29 Management of Active Files (Administrative and Study Files))***

- The PI is notified of the ERC decision on the study protocol noncompliance report through **Form 27.5 Letter of Document Receipt and Recommendation of Further Action** and may also send **Form 27.6 Letter for Clarificatory Interview** if needed.
- For submissions under full board review and expedited review, the ERC decision will be sent to the PI within seven (7) working days after the meeting.
- The PI may be requested to provide additional information, submit additional documents, or implement corrective action.
- The PI may file an appeal within 30 days after the official decision letter of the ERC is sent.

**6.6 Filing of protocol-related documents and updating of the Protocol Database**

The staff secretary stores the signed study protocol deviation and violations report documents in the study protocol file folder.

Files are managed in accordance with ***SOP No. 29 Management of Active Files (Administrative and Study Files)***.

## 7. FORMS AND TOOLS

Form 15.1 Study Protocol Noncompliance (Deviation or Violation)
Form 27.5 Letter of Document Receipt and Recommendation of Further Action
Form 27.6 Letter for Clarificatory Interview

## 8. HISTORY

| Version No. | Date (mm/dd/yyyy) | Authors | Main Change |
|---|---|---|---|
| 1 | 10/23/2015 | ERC | First Draft |
| 2 | 12/05/2019 | ERC | Updates on procedures and policy. |
| 3 | 11/28/2022 | Dr. Jane R. Borrinaga<br>Ms. Sarah B. Delorino<br>Engr. Florentino L. Quiñones<br>Ms. Noreen S. Buhat<br>Fr. Charles Gingco<br>Dr. Jose Carlo K. Del Pilar<br>Ms. Erleta S. Piñero<br>Atty. Alma Sonia Q. Sanchez-Danday<br>Mr. Ricky T. Serrano<br>Mr. Raymond G. Campo | Updates on procedures and policy. |
| 4 | 04/25/2023 | Dr. Jane R. Borrinaga<br>Ms. Sarah B. Delorino<br>Engr. Florentino L. Quiñones<br>Ms. Noreen S. Buhat<br>Fr. Charles Gingco<br>Dr. Jose Carlo K. Del Pilar<br>Ms. Erleta S. Piñero<br>Atty. Alma Sonia Q. Sanchez-Danday<br>Mr. Ricky T. Serrano<br>Mr. Raymond G. Campo | Revised description of procedures and added timeline in the Workflow |

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| 5 | 07/10/2023 | Dr. Jane R. Borrinaga<br>Ms. Sarah B. Delorino<br>Engr. Florentino L. Quiñones<br>Ms. Noreen S. Buhat<br>Fr. Charles Gingco<br>Dr. Jose Carlo K. Del Pilar<br>Ms. Erleta S. Piñero<br>Atty. Alma Sonia Q. Sanchez-Danday<br>Mr. Ricky T. Serrano<br>Mr. Raymond G. Campo | Updated the description of procedures |

## 9. REFERENCES

- World Medical Association Declaration of Helsinki, 2013
- ICH Harmonized Guidelines/Integrated Addendum to ICH E6 (R1): GUIDELINES FOR GOOD CLINICAL PRACTICE E6 (R2)
- WHO Standards and Operational Guidance for Ethics Review of Health Related Research with Human Participants 2011
- International Ethical Guidelines for Health-related involving Humans (CIOMS) 2016
- National Ethical Guidelines for Health and Health Related Research 2017
- Philippine Health Research Ethics Board Standard Operating Procedures 2020
- BatMC RERC SOP 2020

| Prepared by: | Reviewed and Approved by: | Approved by: |
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| **ETHICS REVIEW COMMITTEE** | **DR. JANE R. BORRINAGA, MD, FPCP**<br>ERC Chair | **EXUPERIA B. SABALBERINO, MD, MPH, CESe**<br>EVHRDC Executive Committee Chair |
| Date: 07-10-2023 | Date: 07-10-2023 | Date: 07-10-2023 |